


FILED  
May 22, 2003 8:00 am  
Secretary of State

04-25-2003 90759 029 \*\*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

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<b>DOCUMENT # L02000025797</b>			
1. Entity Name <del>PN, LLC</del> <b>NIEDERMEYERS, LLC</b> <b>AMENDED EFFECTIVE 2/28/03</b>			
Principal Place of Business <b>% ADORNO &amp; YOSS, P.A./SCOTT R. AUSTIN, ESQ</b> <b>700 SOUTH FEDERAL HIGHWAY, SUITE 200</b> <b>BOCA RATON FL 33432-6128</b>		Mailing Address <b>% ADORNO &amp; YOSS, P.A./SCOTT R. AUSTIN, ESQ</b> <b>700 SOUTH FEDERAL HIGHWAY, SUITE 200</b> <b>BOCA RATON FL 33432-6128</b>	
2. Principal Place of Business <b>% ARNSTEIN &amp; LEHR/SCOTT R. AUSTIN, ESQ.</b> Suite, Apt. #, etc. <b>515 N. FLAGLER DRIVE, 6TH FLOOR</b> City & State <b>WEST PALM BEACH, FL</b> 33401		3. Mailing Address <b>% ARNSTEIN &amp; LEHR/SCOTT R. AUSTIN, ESQ.</b> Suite, Apt. #, etc. <b>515 N. FLAGLER DRIVE, 6TH FLOOR</b> City & State <b>WEST PALM BEACH, FL</b> 33401	
Country		Country	
33401		33401	
4. FEI Number <b>45-048-7862</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>AUSTIN, SCOTT R ESQ.</b> <b>700 SOUTH FEDERAL HIGHWAY, SUITE 200</b> <b>BOCA RATON FL 33432</b>		7. Name and Address of New Registered Agent Name <b>AUSTIN, SCOTT R. ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>515 N. FLAGLER DRIVE, SUITE 600</b> City <b>WEST PALM BEACH</b> FL Zip Code <b>33401</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER</b> <b>PAUL NIEDERMEYER</b> <b>102 NS 240ST PMB 171</b> <b>BOCA RATON FL 33432-3967</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <b>SIGNATURE REQUIRED</b> <b>Paul Niedermeier</b> manager 4/22/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

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☐ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)